STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155765	A. BUILDING _____ B. WING _____	01/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN INDIANA REHAB HOSPITAL-PCU	3104 BLACKISTON BLVD NEW ALBANY, IN 47150

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for a Recertification and State Licensure Survey. Survey dates: January 5 and 6, 2011 Facility Number: 005649 Provider Number: 155765 AIM Number: N/A Survey Team:. Gloria J. Reisert MSW, TC Avona Connell, RN (1/5/2011) Donna Groan, RN (1/5/2011) Jennie Bartelt, RN (1/6/2011) Census Bed Type: SNF: 20 Total: 20 Census Payor Type: Medicare: 17 Medicaid: 0 Other: 3 Total: 20 Sample: 8 Supplemental Sample: 2 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on January 10, 2011 by Bev Faulkner, RN	F 000	RECEIVED JAN 21 2011 LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if	F 157		

addendum requested 1/26/11 AJP 2/3/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	1/19/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure the physician was notified when the resident refused medication for 1 of 8 residents reviewed for physician notification in a sample of 8 residents. (Resident #18)	F 157	**F157** It is the facility's stance that the cited practice did not meet the definition of a deficient practice related to tag F157 as cited in the submitted 2567. Sudafed is an over the counter medication used to treat a symptom for patient comfort. The patient was alert and oriented and aware of their own symptoms. The patient's decision to omit one half of their Sudafed dose does not warrant physician notification per facility policy or regulation 483.10 (b)(11) NOTIFY OF CHANGES *"an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or decision to transfer or discharge the resident"*. The following steps were taken: ▪ On 1/5/2011, the patient's physician changed the Sudafed order to reflect the patient's preference. ▪ On 1/5/2011 all patients' medication records were audited by the RN manager for consistent medication refusals. No corrective action was required. ▪ On 1/18/2011 and 1/20/2011 mandatory nursing team meetings were conducted for all three shifts. Nurses were instructed to communicate ALL medication refusals to the physician, not only	

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F 157	Continued From page 2 Findings include: During the medication pass on 1/05/2011, between 8:10 a.m. and 8:25 a.m., LPN (Licensed Practical Nurse) #1 was observed pouring medications for Resident #18. At the time, LPN #1 indicated Resident #18 requests to take only one Sudafed (for nasal congestion) 30 mg (milligram) tablet versus the ordered amount of two 30 mg tablets. The physician order, dated 12/24/2010, included, but was not limited to: "Mucinex D (to treat respiratory cough and an expectorant) 600 mg, 2 times a day." The Medication Administration Record for December 24, 2010 indicated the following: "Pseudoephedrine Tab (tablet) [generic for Sudafed] 2 x (times) 30 mg oral twice daily give with Mucinex = Mucinex D." The Medication Administration Record for 12/25/2010 and 12/26/2010 indicated the resident refused the medication. The nurse circled the medication times of 8:00 a.m. and 20:00 (10:00 p.m.) and indicated with an R (refused) and placed their initials in the time slots. The Medication Administration Record for the following dates included, but were not limited to the following: "Pseudoephedrine Tab (tablet) 2 x (times) 30 mg oral twice daily give with Mucinex = Mucinex D." 1/04/2011 08:00, "pt refused 1 took 1" 1/03/2011 08:00, "1 given. 20:00, Refused 1" 1/02/2011 08:00, "30 mg. 20:00, Only took one tablet 30 mg" 1/01/2011 08:00, "1 tab per pt (patient) request" 12/31/2010 08:00, "Refused. 20:00- took 1 tab at 2nd at 0200 (2 a.m.) due to congestion"	F 157	those with potential "adverse consequences" 483.10(b)(11). ▪ The RN manager or designee will audit 100% of the medication records three (3) times per week for six (6) weeks and report findings to the Quality Council. The Quality Council will then determine the need for continued follow up. ▪	1/20/11 1/20/11 BS

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F 157	Continued From page 3 12/30/2010 08:00, "Refused. 20:00, only took 1 tablet" 12/29/2010 08:00, "R (refused). 20:00, only took 1 tablet" 12/28/2010 08:00, "R. 20:00, Took only 1 tab." 12/27/2010 08:00, "Refused" 12/26/2010 08:00, "R. 20:00, R" Documentation was lacking the physician was notified of the refusal in the Nurse Notes Summary. In interview with RN #1 on 1/05/2011 at 12:25 p.m., she indicated she would notify the MD if the resident was refusing to take medications. On 1/05/2011, at 2:11 p.m., the Administrator provided the Policy and Procedure entitled "Patient Care Management" which included but was not limited to "Policy: Guidelines are established to provide prompt communication to involved and concerned parties related to changes in patient status...Procedure: 1. The Unit Manager, RN, LPN, will immediately inform the patient, the patients physician, the patient's legal representative, a family member, and the Director of Nursing (or his/her designee) and therapy department when there is: ...C. A need to alter treatment significantly (i.e. a need to discontinue an existing form of treatment due to adverse circumstances or to commence a new form of treatment)..." 3.1-5(a)(2) 3.1-5(a)(3)	F 157		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	F 441		

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F 441	Continued From page 4 Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, record review and	F 441	**F441** It is the facility's stance that the cited practice did not meet the definition of a deficient practice related to tag number F441 as stated in the submitted 2567. The hospital utilizes an off dosing meter which does not come into contact with the patient. The exterior of the meter is sanitized after each use and the internal lens is cleaned nightly during the quality check. The facility contacted the same representative referred to in the 2567 (Melody), and she adamantly denied giving a recommendation of a specific cleaning frequency to the surveyor and stated it is up to the facility policy and its regulatory body. If used properly, and standard infection control procedures are followed, there is no potential of infection or disease transmission because of the type of meter used. The facility received a general response from the CDC to follow manufacture's guidelines. The manufacture's guidelines states to clean the meter "if dirt, blood, or lint is present, when an error message appears..., as defined by your institution's infection control policy." The facility policy states "the exterior housing of the glucometer will be wiped with an alcohol wipe in between each patient; the lens and lens housing will be cleaned with a Saniwipe each night when the unit is restocked and the QC performed; clean the machines according to	

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F 441	Continued From page 5 interview, the facility failed to ensure staff sanitized the glucometer between residents for 1 of 5 residents in a sample of 8 residents (Resident #14) and 2 of 2 residents in a supplemental sample of 2 (Residents #9 and 13) who had orders for blood glucose monitoring. Findings include: On 1/5/2011 at 4:40 p.m., Licensed Practical Nurse #2, was observed using a glucometer to monitor blood glucose levels of Resident #13. The LPN wiped the resident's finger with a alcohol swab, used a lancet to prick the resident's finger, obtained a drop of blood on the strip and placed the strip in the glucometer. At 4:47 p.m., after sanitizing the outside of the glucometer only, LPN #2 continued to Resident # 14, and performed the same procedure. When queried at this time if the lens section of the glucometer where the test strip with blood on it was inserted was removed in order to sanitize it, LPN #2 did not respond. Also on 1/5/2011 at 4:40 p.m., during an observation by a another surveyor, LPN #3 entered Resident #9's room and obtained blood for glucose monitoring. After completing the procedure, the LPN was observed to sanitize only the outside of the machine and without removing the lens portion of the glucometer to clean it. When queried at this time if the lens portion was to be removed also when sanitizing the glucometer, the LPN responded by asking if she was supposed to after each resident use. The LPN indicated that night shift would sanitize the entire machine every night, but that it was not done in between each patient's use A copy of the facility's policy/procedure "Using	F 441	directions if contaminated with blood..." It is the facility's stance that the cited deficiency reflects an unwarranted expectation by the state regulatory body. The following steps were taken: ▪ The lens cartridge of the meter was immediately removed and cleaned on 1/6. ▪ The lens cartridges of each meter utilized on the unit were removed and cleaned. ▪ On 1/18/2011 and 1/20/2011 mandatory nursing team meetings were conducted for all three shifts. Nurses were instructed to remove and sanitize the lens cartridge after each patient use while sanitizing the exterior of the meter. On 1/18/2011, the following line item was added to the facility blood glucose machine policy, "The lens cartridge will be removed and cleaned between each patient per ISDH expectations." ▪ The RN manager or designee will perform random observations of the meter sanitization process five (5) times per week for three (3) weeks; then three (3) times per week for three (3) weeks. Findings will be reported to the Quality Council to determine the need for continued follow up. ▪	1/20/11

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F 441	Continued From page 6 and Maintaining Equipment" was provided on 1/5/2011 at 5:25 p.m., by the Unit Manager. Page 3 section V. Infection Control A. "The exterior of the glucometer will be wiped with an alcohol wipe between each patient ." Also provided at this time was a copy of the machine's Operator's Guide. Pages 64 and 65 indicated the following about when to clean the meter: "Cleaning: When to Clean the Meter: If dirt, blood, or lint is present...As defined by your institution's infection control policies. Cleaning the Outside of the Meter: Clean the outside of the meter with a cloth dampened with a 10% bleach solution. Follow with a cloth moistened with water to remove residual bleach...." The guide also gave instructions regarding cleaning other areas of the meter: "Cleaning the Test Strip Holder and Lens: To clean the test strip holder (cover and base), lens area, and contact points, use a 10% bleach solution followed by water. Dry thoroughly. *Caution: Do not use alcohol, glass cleaners, or any cleansers containing abrasives, phenol, or ammonia to clean the test strip holder or lens area because it will damage the meter parts." On 01/05/11 at 5:25 p.m., a representative of the company who made the glucometer was contacted. During query, the representative indicated that the meters should be disinfected in between multi-patient use, but that it was also according to facility policy as to how often the meters should be disinfected.. On 01/05/11 at 5:46 p.m., the hospital Director of Nursing provided a list of residents the facility monitors blood glucose levels utilizing the Sure	F 441		

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F 441	Continued From page 7 Step Flexx glucometer. The list indicated nursing was currently monitoring 5 residents' blood sugars. She indicated the facility policy was to sanitize the outside of the meter in-between patients and that night shift would sanitize the entire machine, including the lens section of the machine, every night as part of their duties. She further indicated she did not think there was a check-off list to document when staff actually did sanitize the entire machine every night but would look. At 6:00 p.m., she indicated that she was unable to locate documentation to support the glucometer machines were actually being sanitized inside and out every evening and that it is just a part of the regular duties at night to do so. 3.1-18(b)	F 441		